

**RE-2 Employee Post Travel Disclosure of Travel Expenses**

Date/Time Stamp

**Post Travel Filing Instructions:** Complete this form within **30 days** of returning from travel. Submit all forms to the Office of Public Records in 144 Hart Building. **This form is a public disclosure. The form and all attachments will be made publicly available.**

**Certification:** *In compliance with the Regulations Governing Privately Sponsored Travel, Senate Rule 35, and the Honest Leadership and Open Government Act of 2007, I certify that I accepted the following gift of privately sponsored travel:*

**Private Sponsor(s):****Travel Dates:**

NJ League of Municipalities

11/18/2025-11/19/2025

**Name of accompanying family member (if any):****Relationship to Traveler:**

N/A

N/A

**Total Expenses**

| Transportation Expenses | Lodging Expenses | Meals Expenses | Other Expenses (Amount & Description) |
|-------------------------|------------------|----------------|---------------------------------------|
| \$102.17                | \$128.00         | \$0.00         |                                       |

*I also certify that attached to this form are all required documents for post travel disclosure, including:*

- The final **Employee Pre-Travel Authorization** (Form RE-1)
- The final **Private Sponsor Travel Certification Form** with all attachments
- The final invitation
- The final approved itinerary

*Finally, I certify that all trip information reflected in the attachments above accurately reflects the travel that I accepted. If there were any changes to the trip after I received approval from the Committee, the changes are described in ATTACHMENT 1.*

12/15/2025 Ben Giovine

Date

Printed Name of Traveler

  
Signature of Traveler**TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER**

*I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.*

12/17/2025

Date

  
Signature of Supervising Senator/Officer

## RE-1 Employee Pre-Travel Authorization

Date/Time Stamp

**Pre-Travel Filing Instructions:** Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics in SH-220**. Incomplete and late travel submissions will not be considered or approved.

**Name of Traveler:**

Ben Giovine

**Employing Office/Committee:**

Sen. Andy Kim

**Private Sponsor(s):**

NJ League of Municipalities (NJLOM)

**Destination(s):**

Atlantic City, NJ

**Travel Dates:**

11/18/2025-11/19/2025

**NOTE:** If you plan to extend the trip for any reason you **must** notify the Committee.

Explain how this trip is specifically connected to the traveler's official or representational duties.

As Director of Intergovernmental Affairs for Sen. Kim, I am the lead staff member on our Congressionally Directed Spending process and assist with outreach for Federal grants. NJLOM invited me to be a panelist for a session called "Accessing Federal Dollars" which will focus on grants and Congressionally Directed Spending.

**Do you have an accompanying family member or spouse on this trip?**      **Name and Relationship to Traveler:**

☐

(signify "yes" by checking box)

I certify that the information contained in this form is true, complete and correct to the best of my knowledge.

9/30/25

Date



Signature of Employee

**TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER**

(President of the Senate, Secretary of the Senate, Sergeant at Arms,  
Secretary for the Majority, Secretary for the Minority, and Chaplain)

Senator Andy Kim

Ben Giovine

I \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(Print Senator's/Officer's Name)

(Print Traveler's Name)

*an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.*

*I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate.*

☐

(signify "yes" by checking box)



Date

Signature of Supervising Senator/Officer

## ATTACHMENT 1 – CHANGES FROM APPROVED PRE-TRAVEL

**Note:** Material changes to a trip that occur after the Committee has issued an approval letter may invalidate the Committee's approval. Please contact the Committee with any questions regarding changes to an approved trip.

Were there any changes to the pre-approved travel expenses? (Transportation, Meals, Lodging, Other)?

☐ Yes ☒ No

| Expense Change | Revised Amount | Explanation |
|----------------|----------------|-------------|
|                |                |             |
|                |                |             |
|                |                |             |
|                |                |             |
|                |                |             |
|                |                |             |

Were there any changes to the pre-approved itinerary?

☐ Yes ☒ No

**Explanation:**

Were there any additional changes to the pre-approved trip?

☐ Yes ☒ No

**Explanation:**

# Trip Name: New Jersey State League of Municipalities Annual Conference

## Organization Information

Organization Name:

New Jersey League of Municipalities

Is your organization classified as a §501(c)(3)?

☒ Yes ☐ No

If Yes, §501(c)(3) Organization Type:

☐ Private Foundation ☐ Public Charity

Address:

City, State, Zip:

Phone Number:

Organization URL:

## History of Congressional Travel

Describe your organization's history of sponsoring congressional travel.

No

## Educational Activities

Describe the educational activities performed by your organization other than sponsoring congressional travel.

The NJLM Annual Conference is the largest municipal conference in the country and a critical mainstay in the portfolio of services provided by the League. With 16,000 attendees and 1,100 exhibit booths, it provides the raw information that municipal leaders take back to find the way forward for their communities. It also serves the critical role of providing professional development for licensed municipal professionals and exposure to new products and ideas. This event occurs annually the week before Thanksgiving at the Atlantic City Convention Center in Atlantic City, New Jersey.

## Lobbyist and Foreign Agent Registration Information

Lobbyist Registration Status (Select one):

☐ I certify that the sponsor is not a federally registered lobbyist and does not retain or employ a federally registered lobbyist.

☒ I certify that the sponsor is not a federally registered lobbyist but does retain or employ one or more federally registered lobbyists.

Foreign Agent Registration Status (Select one):

☒ I certify that the sponsor is not an agent of a foreign principal and does not retain or employ an agent of a foreign principal.

☐ I certify that the sponsor is not an agent of a foreign principal but does retain or employ one or more agents of a foreign principal.

## Foreign Government Involvement

Foreign Agent Registration Status (Must select all):

☒ I certify that the sponsor is not a foreign government.

☒ I certify that the sponsor is not an entity that is owned or operated by a foreign government.

☒ I certify that the sponsor does not receive funding from a foreign government.

**Purpose and Details****Provide a brief description of the trip.**

Mr. Giovine will serve as a panelist during the Federal Session at the League Conference. Panelists that are invited are offered a hotel room when their panel is the first or last of the day.

**Explain how the purpose of the trip relates to your organization's mission.**

The New Jersey State League of Municipalities is a voluntary association created to help communities do a better job of self-government through pooling information resources and brainpower. It is authorized by State Statute, and since 1915 has been serving local officials throughout the Garden State. All 564 municipalities are members of the League. Over 560 mayors and 13,000 elected and appointed officials of member municipalities are entitled to all of the services and privileges of the League.

**Is your organization the only sponsor for this trip?**

☒ Yes ☐ No

**If No, describe your organization's role in planning the trip.**

If there are multiple sponsors, each sponsor must submit Organization Information (Page 1 of the Private Sponsor Travel Certification Form) and a Signature Page Form.

**Grantmaking Organizations (Optional)**

If you have a Grantmaking Organization, you must attach a Grantmaking Organization Certification Form.

1. N/A

2.

3.

## With or Without Regard to Congressional Participation (Select one):

- ☒ The trip is arranged or organized without regard to congressional participation.
- ☐ The trip is arranged or organized with regard to congressional participation.

## Lobbyist/Foreign Agent Involvement in Planning, Organizing, Requesting or Arranging

- ☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal, other than de minimis involvement.

## Lobbyist/Foreign Agent Financing (Must select all):

- ☒ The trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
- ☐ No funds or in-kind contributions were earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.

## Lobbyist/Foreign Agent Accompaniment

## Complete if all sponsors are §501(c)(3) organizations (Select one):

- ☐ The trip is limited to three days (for trips inside the continental United States) or seven days (for trips outside the continental United States), and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip
- ☒ The trip is limited to a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip
- ☐ The trip is limited to a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip

## Complete if any of the sponsors is not a §501(c)(3) organizations (Select one):

- ☐ No sponsor retains or employs a registered lobbyist or agent of a foreign principle, the trip is limited to three days (for trips inside the continental United States) or seven days (for trips outside the continental United States), and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip
- ☐ The trip is limited to a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip
- ☐ The trip is limited to a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip

**Required if selecting the third option in either column - Please explain why the second overnight stay is practically required and necessary to accomplish the purpose of the trip.**

## Certification of No Recreational Activity and No Alcohol (Must select all):

- ☒ Travel expenses paid for will not include expenditures for recreational activities.
- ☒ Travel expenses paid for will not include expenditures for alcohol, except as permitted by the Regulations Governing Privately Sponsored Travel.

## Invitees list

- ☒ A list of all Senate invitees is attached to this form (required).
- ☐ Members and staff from the House of Representatives will also receive invitations.

## Travel Details (Submit additional pages as needed)

Trip Start Date/Time:  
11/18/25



Trip End Date/Time:  
11/19/25

Will the traveler be accompanied by a family member for whom the sponsor will pay travel expenses?

☐ Yes ☒ No

Transportation (Member/Officer/Employee: \$<sup>0</sup> Accompanying Family Member: \$<sup>NA</sup>)

| Transportation Type | Class | Amount |
|---------------------|-------|--------|
| N/A                 |       |        |
|                     |       |        |
|                     |       |        |
|                     |       |        |
| Details (optional)  |       |        |

Lodging (Member/Officer/Employee: \$<sup>128</sup> Accompanying Family Member: \$<sup>NA</sup>)

| Check-In | Check-Out  | Facility                      | City                                                                                     | State | Country       |
|----------|------------|-------------------------------|------------------------------------------------------------------------------------------|-------|---------------|
| 11/18/20 | 11/19/20   | Tropicana Casino Resort       | Atlantic City                                                                            | NJ    | United States |
| Nights   | Cost/Night | Cost Exceed Per Diem (Yes/No) | If Yes, please explain why expenses over the per diem rate are reasonable and necessary. |       |               |
|          |            |                               |                                                                                          |       |               |

| Check-In | Check-Out  | Facility                      | City                                                                                     | State | Country |
|----------|------------|-------------------------------|------------------------------------------------------------------------------------------|-------|---------|
|          |            |                               |                                                                                          |       |         |
| Nights   | Cost/Night | Cost Exceed Per Diem (Yes/No) | If Yes, please explain why expenses over the per diem rate are reasonable and necessary. |       |         |
|          |            |                               |                                                                                          |       |         |

| Check-In | Check-Out  | Facility                      | City                                                                                     | State | Country |
|----------|------------|-------------------------------|------------------------------------------------------------------------------------------|-------|---------|
|          |            |                               |                                                                                          |       |         |
| Nights   | Cost/Night | Cost Exceed Per Diem (Yes/No) | If Yes, please explain why expenses over the per diem rate are reasonable and necessary. |       |         |
|          |            |                               |                                                                                          |       |         |

Meals (Member/Officer/Employee: \$<sup>0</sup> Accompanying Family Member: \$<sup>NA</sup>)

| Date | Breakfast | Lunch | Dinner | Incidentals | Total | City | State | Country | Cost Exceeds<br>Per Diem (Y/N) |
|------|-----------|-------|--------|-------------|-------|------|-------|---------|--------------------------------|
|      |           |       |        |             |       |      |       |         |                                |
|      |           |       |        |             |       |      |       |         |                                |
|      |           |       |        |             |       |      |       |         |                                |
|      |           |       |        |             |       |      |       |         |                                |
|      |           |       |        |             |       |      |       |         |                                |
|      |           |       |        |             |       |      |       |         |                                |
|      |           |       |        |             |       |      |       |         |                                |

If costs exceed the federal per diem, please explain why expenses over the per diem rate are reasonable and necessary.

### Reasonable Miscellaneous Expenses

(Member/Officer/Employee: \$<sup>0</sup> Accompanying Family Member: \$<sup>0</sup>)

| Expense Type | Amount | Notes |
|--------------|--------|-------|
|              |        |       |
|              |        |       |
|              |        |       |
|              |        |       |

### Additional Details (optional)

|  |
|--|
|  |
|--|

## PRIVATELY SPONSORED TRAVEL

## SPONSOR SIGNATURE PAGE

I hereby certify that the information submitted in connection with the trip listed below is true, complete, and correct to the best of my knowledge and belief.

Trip Name: NJLM Annual Conference  
Travel Date(s): 11/19/25  
Travel Destination(s): Atlantic City, NJ  
Sponsor: NJLM

Paul Penna

*(printed name of sponsor representative)*

NJLM Director of Government .

*(title)**(signature of sponsor representative)*

11-6-25

*(date)*

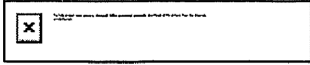
Senate Invitees

Mr. Ben Giovine

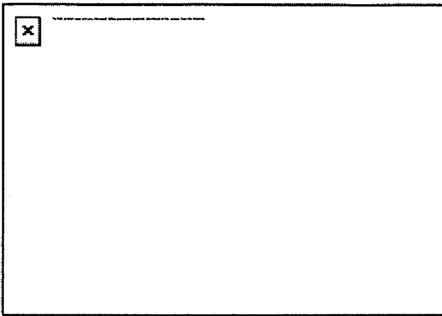
**Dee Kotch**

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**From:** acrooms.com <service@acrooms.com>  
**Sent:** Wednesday, October 22, 2025 5:04 PM  
**To:** Dee Kotch  
**Subject:** EXTERNAL Your booking at TropicanaCasinoResort is now updated.



**Your reservation at TropicanaCasinoResort is now updated.**

**TropicanaCasinoResort**

**Country:**  
**City:** Atlantic City  
**Address:** 2831 Boardwalk  
**Phone:**

|                    |                                                                  |
|--------------------|------------------------------------------------------------------|
| Reference ID       | 26842                                                            |
| Pin Code           | 2808                                                             |
| Your Reservation   | 1 nights, 1 rooms                                                |
| Check-In           | Tuesday, November, 18, 2025                                      |
| Check-Out          | Wednesday, November, 19, 2025                                    |
| Booked by          | Ben Giovine <a href="mailto:dkotch@njlm.org">dkotch@njlm.org</a> |
| Havana Tower       | 128.00                                                           |
| Occupancy fees     | \$0                                                              |
| Tax                | \$0.00                                                           |
| <b>Total Price</b> | <b>\$128.00</b>                                                  |

Wednesday, December 17, 2025 at 5:17:39 PM Eastern Standard Time

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**Subject:** League Conference - Federal Session

**Date:** Wednesday, July 2, 2025 at 2:26:39 PM Eastern Daylight Time

**From:** Paul Penna

**To:** Giovine, Ben (Kim)

Ben -

Good talking to you today. As we discussed, we would welcome your participation as a panelist at the League's Federal Session on Tuesday, November 18 at 3:45 at the Atlantic City Convention Center. The panel is moderated by Piscataway Mayor Wahler and usually includes someone from DC that helps clients navigate the federal grant process.

Please let me know if you have any questions and look forward to hearing from you.

Paul

Paul Penna | Director of Government Affairs

**New Jersey State League of Municipalities**

222 West State Street, Trenton, NJ 08608

609-695-3481 ext. 110

## Schedule Details



## 2026 Federal Grant Opportunities

402, AC Convention Center

Nov 18 from 3:45 PM - 5:00 PM

Check-In Check-Out

My Agenda: Favorite

Description

Speakers

**Dave Gatton**

Speaker  
U.S. Conference of Mayors  
Director, Council on Metro

**Brian C. Wahler**

Presiding  
Mayor, Piscataway Township  
Past President, NJLM

**Ben Giovine**

Speaker  
Office of Senator Andy Kim  
Intergovernmental Affairs Director

Conference App  
Sponsored by

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Booth #1410



Home



Exhibitors



Sessions



Exhibit Hall